

# Virginia Department of Health (VDH)

## Division of Disease Prevention (DDP)

### Monthly Ebulletin



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**March 2017 Edition**

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#### Governor McAuliffe Signs Bills to Continue Fighting Opioid Epidemic

Late last month, Governor McAuliffe signed several bills relating to fighting the opioid epidemic in Virginia. Of particular note, HB2317 (patroned by Delegate O'Bannon) allows the Commissioner of Health to establish and operate comprehensive harm reduction programs during a declared public health emergency to reduce the spread of HIV, viral hepatitis, and other blood-borne diseases in areas where data show there is a risk for disease transmission. These programs will include the provision of sterile and disposal of used hypodermic syringes and needles. Numerous research studies have demonstrated that these programs contribute to reductions in disease, improperly discarded syringes, and accidental needlesticks of law enforcement and other first responders. Work has started on developing criteria, standards and protocols that will guide the location and operation of these programs. The law goes in to effect on July 1, 2017. Read the full press release [here](#). Details of the implementation will be forthcoming as they develop over the coming months. In the interim, contact [Bruce Taylor](#), Community Planner, with questions.

[Return to Top](#)

#### Special Projects of National Significance Health Information Technology Final Community Engagement Meeting

VDH will host a Special Projects of National Significance Health Information Technology (SPNS HIT) Final Community Engagement Meeting in Richmond, Virginia on March 29 from 10 am until 4 pm. All providers who use e2Virginia, are responsible for Data to Care activities, or are familiar with the data management or programmatic processes at their organization are welcome and highly encouraged to attend. Focus will be placed on obtaining input from community partners on the continuation and expansion of the following SPINS HIT initiative goals:

- Enhancement of the data systems utilized for developing the HIV Continuum of Care;
- Development of e2Virginia, a data system for collection and reporting of

#### Navigation

- [Governor McAuliffe Signs Bills Related to Opioid Epidemic](#)
- [SPNS HIT Final Engagement Meeting](#)
- [Coming Attractions: New HIV Services](#)
- [ADAP Update](#)
- [HCV/HIV Treatment Update](#)
- [New HIV Testing Brochure](#)
- [2016 HIV Epi Profile Online](#)
- [Remembering Dr. Judy Bradford](#)
- [More Frequent STD Testing Shows Promise](#)
- [Integrated Care and Prevention Planning](#)
- [Plain Language is Vital](#)
- [Personnel](#)
- [Personnel Spotlight](#)
- [ADAP Enrollment Numbers](#)
- [PrEP Program Numbers](#)

#### VDH Messages

To ensure you receive e-mail messages, such as the DDP E-Bulletin or announcements about funding opportunities, please check that important DDP contacts (such as your contract monitor) are in your address book so that their e-mails are not sent to your spam or junk folders. Check those folders regularly to see if you have missed messages.

- HIV care and prevention data; and
- Innovation and expansion of the Data to Care initiative, a project utilizing data to re-engage persons who may have fallen out of care for HIV medical care and other services.

Please register [here](#) by March 17! If you have any questions about the Community Meeting, please contact [Lauren Yerkes](#).

[Return to Top](#)

## Coming Attractions: New HIV Services

The HIV Care Services (HCS) team will implement changes to its grant year 2017 Ryan White Part B program, which begins on April 1, 2017. HCS is expanding funding for Emergency Financial Assistance for emergency housing, including security deposits, rent, and utility payments; Housing (for transitional and longer-term housing needs); and Substance Abuse residential services, with a goal to have five beds available in each health region. HCS will also provide funding for Early Intervention Services. Early Intervention Services ([PCN #16-02](#)) must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected; HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources and must be coordinated with other HIV prevention and testing programs to avoid duplication of efforts;
- Referral services to improve HIV care and treatment services at key points of entry;
- Access and linkage to HIV care and treatment services such as Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care;
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

For additional information, please contact [Mary Browder](#), Lead HIV Services Coordinator, at (804) 864-7199.

[Return to Top](#)

## ADAP Update

The 2017 Open Enrollment Period to enroll into a health insurance plan through the Affordable Care Act is now over. Those eligible for special enrollment periods are still encouraged to apply. Special enrollment periods include circumstances such as job loss or gain, change of family size, loss of health insurance, and several others. For more information about special enrollment periods, please visit [Healthcare.gov](#).

For more information regarding covered plans, please visit the [VDH ADAP website](#).

## ADAP Enrollment Numbers as of 2/7/17

- Total Clients Enrolled: 6,207
- Direct ADAP Clients: 1,473
- Medicare Part D Assistance Program (MPAP) Clients: 577
- Insurance Continuation Assistance Program (ICAP) Clients: 525
- Health Insurance Marketplace Assistance Program (HIMAP) Enrollment Clients: 3,632

## 2017 HIMAP Enrollment Numbers

- Re-enrolled for 2017 (have all information): 2,958
- New Enrollments for 2017: 488
- Enrolled in ACA in 2016 (no 2017 information): 343

## Hepatitis C/HIV Treatment Assistance Program Numbers as of 2/7/17

- Total Clients that have Accessed Program: 81
- Clients that have Completed Therapy: 64
- Clients Currently on Treatment: 11

## ADAP Listserv

To request to be added to the ADAP Listserv to receive updates, please contact [Carrie Rhodes](#) at (804) 864-7914.

## HIV Pre-Exposure Prophylaxis (PrEP) as of 2/27/17

- Clients Currently on VDH PrEP Drug Assistance Program: 89
- [PrEP Services Locator](#)

## The Community

[Return to Top](#)

## Advancement Project (CAP)

The Community Advancement Project (CAP) meets regionally as an advisory board to assess needs of gay and bisexual men and transgender women of color. CAP has worked to identify health needs including mental health, awareness of PrEP, substance abuse, domestic violence, perceptions of LGBT persons of color in the media, health testing, stigma, access to treatment, and more. If you would like to participate or receive more information, please contact [Joshua Thomas](#).

[Return to Top](#)

## Hepatitis C (HCV)/HIV Treatment Assistance Program Update

Did you know there are successful treatment options for HCV? Approximately 30% of persons with HIV in the United States are co-infected with HCV. ADAP offers a treatment assistance program for those co-infected with HIV and HCV. These treatments have significantly improved over time with patients reporting fewer side effects. For more information and to obtain application materials, please visit the [HCV/HIV Treatment Assistance Program Page](#) or contact [Daniela Isayev](#).

## New HIV Testing Brochure Available

DDP is pleased to announce that its new brochure, [HIV Testing: What You Should Know](#), is ready for distribution. This brochure provides basic information on HIV prevention including pre-exposure prophylaxis (PrEP), types of HIV tests, the meaning of a negative or positive test result, and who to contact for additional help. The brochure is available in both English and Spanish.

The English version has three different design covers to appeal to a broad variety of audiences. You may order this brochure through the Disease Prevention Hotline at (800) 533-4148, or complete the [DDP literature request form](#). Additional educational resources can be found on the DDP [Educational Materials](#) webpage.



[Return to Top](#)

## Stay Connected!

Check out upcoming events on the DDP [HIV Prevention webpage](#). You can request to have your own events added to the calendar and our Facebook page through the Event Submission Form, located on the events page under the events calendar.

For those using a compatible web browser, you may also download the [Event Submission Form](#) directly and submit it following the directions at the bottom of the sheet. "Like" our DDP [Facebook page](#) and share it with your friends to stay connected socially and hear about events throughout the state.

## 2016 HIV Epidemiologic Profile Online

The [2016 Virginia HIV Epidemiologic Profile](#) is now available. The profile includes comprehensive information on HIV morbidity, co-infection, care continuum data, programs at VDH, and more. Additionally, the profile is available in individual fact sheets. If you have questions about the HIV Epidemiologic Profile, please contact [Lauren Yerkes](#).

[Return to Top](#)

## Remembering Dr. Judy Bradford, an advocate for underserved populations

Dr. Judy Bradford, a pioneering researcher in health disparities and HIV in Virginia, passed away on February 11, 2017. Judy worked with VDH and the HIV Community Planning Group to design and conduct a number of studies of minority and other underserved populations in Virginia. One of these studies included a [landmark survey](#) of the health needs of the transgender population in Virginia. Judy founded and headed up the Survey and Evaluation Research Laboratory at Virginia

Commonwealth University (VCU). Along with other colleagues at VCU, she obtained a demonstration grant in 1994 to collect the first set of client-level data for the Ryan White grant. Judy mentored a number of persons who continue to work on HIV and health disparity issues in Virginia. Her full obituary can be found [online](#).

[Return to Top](#)

## More Frequent Sexually Transmitted Diseases (STDs) Testing Shows Promise

New research presented at the 2017 [Conference on Retroviruses and Opportunistic Infections](#) in Seattle suggests that testing and treatment for STDs as part of routine care for gay and bisexual men using pre-exposure prophylaxis for HIV (PrEP) for HIV prevention may also reduce some bacterial STDs, even if there is reduction in condom use. As part of routine PrEP care, STD testing should occur every three months to detect and treat more STDs, which often have no symptoms. This differs from current PrEP care recommendations issued by the Centers for Disease Control and Prevention (CDC), which recommend STD testing every six months. Virginia's PrEP protocol follows the recommendation for STD testing every three months. Read the full press release from the National Coalition of STD Directors [here](#).

[Return to Top](#)

## Integrated HIV Care and Prevention Services Planning

For 2017, the Community HIV Planning Group (CHPG) will focus on PrEP, health disparities, drug user health, and monitoring and improvement. Each planning group member belongs to at least one workgroup that addresses one of the focus areas. Workgroups are expected to drive the agenda of reaching the goals of the Integrated HIV Prevention and Care Plan 2017–2021.

CHPG will be reviewing applications for membership in the next few months, so those interested in becoming members should submit their applications as soon as possible. We are in need of representatives from the Northwest health region. Membership applications can be found [here](#).

[Return to Top](#)

## Plain Language is Vital

The Plain Writing Act of 2010 requires federal agencies to train their staff to use plain language when communicating with the public. Just because this is the law for federal agencies doesn't mean that others shouldn't be using plain language as well. Plain language is vital for everyone because it makes it easier for the public to understand and absorb information. Although many individuals and organizations may think they are familiar with the concept of plain language, putting it in practice can be more difficult than the idea itself.

Have you ever tested your communications or printed materials to see what grade reading level they are at? Do you often use technical jargon and acronyms that the public is not familiar with? If you are constantly writing at above a sixth-grade

reading level and using jargon and acronyms, you are not following best practices for plain language or health literacy.

[Set your Microsoft Word application](#) to check for readability level in addition to spelling and grammar checks when you are reviewing your documents. Take advantage of resources that CDC has produced such as its [Plain Language Materials & Resources](#) and [Clear Communication Index](#).

Readability Statistics	
Counts	
Words	2692
Characters	15124
Paragraphs	106
Sentences	114
Averages	
Sentences per Paragraph	3.6
Words per Sentence	19.2
Characters per Word	5.4
Readability	
Passive Sentences	12%
Flesch Reading Ease	29.2
Flesch-Kincaid Grade Level	13.8
OK	

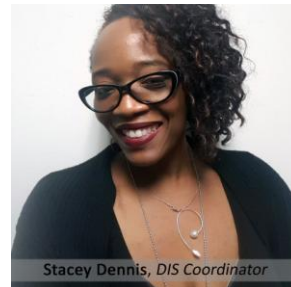
If your agency is interested in technical assistance around Plain Language and Health Literacy, contact [Beth Marschak](#).

[Return to Top](#)

## PERSONNEL

### Welcome

SODA welcomes **Stacey Dennis** as the new Eastern Disease Intervention Specialist (DIS) Coordinator. Stacey comes to us from Baltimore, MD where she worked as a DIS for 12 years. She has a MPH and is a candidate for a MPA degree in May of this year. Stacey founded “Whispers in my Ears,” a program which focuses on comprehensive sexual health education within Baltimore. Stacey’s office is in the Norfolk Health Department and she will supervise SODA DIS in the Eastern region. She can be reached at [stacey.dennis@vdh.virginia.gov](mailto:stacey.dennis@vdh.virginia.gov) or (757) 683-2800.



[Return to Top](#)

### Congratulations



SODA congratulates **River Pugsley**, who transitioned into a new position with CDC as a Field Epidemiologist positioned here in DDP. In her new role, she will be working with CDC’s Division of STD Prevention, Epidemiology and Statistics Branch to identify and conduct analytical projects of interest to both state and federal STD programs. She will also collaborate on multi-site research projects with other members of the field epidemiology team stationed across the US. Initial planned projects include an assessment of syphilis reactor grids and an analysis of trends in repeat syphilis infections. River can still be reached at [river.pugsley@vdh.virginia.gov](mailto:river.pugsley@vdh.virginia.gov) or (804) 864-8039.

SODA congratulates **Kathleen Wallen-Moon**, who has assumed the full-time duties



of the HIV CTR Quality Assurance (QA) Analyst position. Kathleen has been with the CTR data management team for approximately three years and has been instrumental in bringing data quality to an acceptable level. Kathleen's efforts have improved data management outcomes and consistency of QA efforts. As a result, HIV CTR data are now reliably used to make data-driven program decisions. She can be reached at [kathleen.wall@vdh.virginia.gov](mailto:kathleen.wall@vdh.virginia.gov) or (804) 864-7971.



[Return to Top](#)

## Personnel Spotlight: Meet the Medical Monitoring Project and Molecular HIV Surveillance Team

The Medical Monitoring Project (MMP) and Molecular HIV Surveillance (MHS) programs are supplemental HIV surveillance programs housed within DDP. MMP is a collaborative program with the CDC. The aim of MMP is to learn more about the behaviors and needs, medical care, and health status of people living with HIV. MHS is also funded by CDC, with the objectives to collect all HIV nucleotide sequence data for Virginia residents, assess antiretroviral drug resistance, evaluate HIV genetic diversity and describe transmission patterns, and identify and investigate any closely-related clusters of HIV.

**Carrie Walker**, *MMP/MHS Program Manager*. Carrie manages the MMP and MHS programs within DDP. She is responsible for overseeing both surveillance programs and their associated staff, as well as guiding and performing programmatic activities as needed. Carrie also routinely works with HIV care providers, laboratories, and other DDP units to achieve CDC-required program benchmarks. Carrie can be reached at [carrie.walker@vdh.virginia.gov](mailto:carrie.walker@vdh.virginia.gov) or (804) 864-8005.

**Andrew Strumpf**,  
*Molecular HIV  
Surveillance  
Program  
Coordinator*.  
Andrew works with  
both MHS and  
MMP programs.  
He is responsible  
for processing MHS  
data and validating  
HIV nucleotide  
sequences, staying



Pictured from left to right: Rebecca Lewis, Casey Menwin, Estella Obi-Tabot - MMP Epidemiology Specialists, and Andrew Strumpf - Molecular HIV Surveillance Program Coordinator. Not pictured: Carrie Walker - MMP/MHS Program Manager and Jenny Klenzie - MMP/Incidence Data Manager.

up to date with the genetic sequencing tests, interpreting the sequences to determine anti-retroviral resistance patterns and transmitted drug resistance mutations, and investigating any clusters of HIV identified in close collaboration with the Field Services team. Andrew is also responsible for all MMP-related activities, including investigating, recruiting, and interviewing sampled participants, as well as performing medical record abstractions and field visits to facilities and patient homes. Andrew can be reached at [andrew.strumpf@vdh.virginia.gov](mailto:andrew.strumpf@vdh.virginia.gov) or (804) 864-8003.

**Casey Merwin, Estella Obi-Tabot, and Rebecca Lewis, *MMP Epidemiology Specialists*.** Casey, Estella, and Rebecca make up MMP's primary data collecting team. They are responsible for all MMP-related activities, including investigating sampled participants, recruiting their participation, performing the hour-long interview, and completing the subsequent medical record abstraction. They utilize specific training techniques and follow a strict protocol while doing these tasks. Casey, Estella, and Rebecca participate in all CDC-lead conference calls, come up with creative methods to find and recruit the harder-to-reach participants, and build and maintain great relationships with HIV care facilities across Virginia. Casey can be reached at [casey.merwin@vdh.virginia.gov](mailto:casey.merwin@vdh.virginia.gov) or (804) 864-7171; Estella at [estella.obi-tabot@vdh.virginia.gov](mailto:estella.obi-tabot@vdh.virginia.gov) or (804) 864-8026; and Rebecca at [rebecca.lewis@vdh.virginia.gov](mailto:rebecca.lewis@vdh.virginia.gov) or (804) 864-8068.

**Jenny Kienzle, *MMP/Incidence Data Manager*.** Jenny is responsible for all MMP data management activities including data quality management, MMP data analyses and dissemination in various formats including fact sheets, surveillance summaries, and presentations at national conferences. Jenny works very closely with the MMP Epidemiology Specialists throughout the data collection cycle starting with the receipt of the MMP sample to the final submission of both interview data and medical records abstraction data, ensuring that program data once collected are securely transmitted to the Data Coordinating Center. Jenny also works with the HIV Incidence Surveillance program and has most recently provided data management assistance to the National HIV Behavioral Surveillance program. Jenny can be reached at [jennifer.kienzle@vdh.virginia.gov](mailto:jennifer.kienzle@vdh.virginia.gov) or (804) 864-7986.

[Return to Top](#)